NETTSKJEMA

Eksamensoppgave og sensorveiledning

Lastet ned: 2. mai 2025 kl. 13:07

Svar-ID: 36145901 **Levert:** 10.04.25 16:08

Dette skjemaet er for innhenting av informasjon til sensorveiledningen.
En god sensorveiledning er viktig for at alle sensorene skal ha all nødvendig informasjon for å gjøre en god, nøyaktig vurdering av studentenes besvarelser. En god sensorveiledning fører til bedre sensur og færre avvik og klager.
Sensorveiledningen vil også bli publisert til studentene etter sensuren, slik at de kan se akkurat hvilke kriterier de har blitt vurdert etter. Dette er en rettighet studentene har.

Emnekode *

PSY2107 / PSYK4417

Emnenavn *

Social-, Community-, and Cultural Psychology

Emneansvarlig/oppgavegiver *

Ute Gabriel (coordinator), Mons Bendixen, Trond Nordfjærn, Isabel Richter, Roxanne Morote Rios

Semester, år *

Spring, 2025

Vurderingsform, lengde *

Skoleeksamen, varighet 6 timer

Skal du ellen noen andre møte opp i eksamenslokalet? *

ja

Hvis ja, når?

Anslå ca. tidspunkt

lunsjtida

Telefonnummer og navn til faglig kontakt *

Her skal du oppgi telefonnummer til person som skal svare på eventuelle spørsmål om oppgave under eksamen (det kan være deg selv ellen noen andre - vennligst skriv både navn og telefonnummer)

Tillatte hjelpemidler *

E: Ingen hjelpemidler tillatt

Skal det legges opp til levering av håndtegninger på eksamen? *

Nei

Emnets læringsutbyttebeskivelser angitt i kunnskaper, ferdigheter og generell kompetanse. *

Henvisning med lenke til emnesiden på NTNUs nettsider er tilstrekkelig

https://www.ntnu.edu/studies/courses/PSY2107/2023/1#tab=omEmnet

Pensum *

Vennligst lim inn her, ikke bruk vedlegg.

Spring 2025: PSY2107 / PSYK4417 (Version from: 20250401)
Social-, Community – and Cultural Psychology
PENSUM:
Please note that you do not need to buy a book for this course - the books are either available in the library or selected chapters will be made available via Blackboard, for example.
Visit the Pensumliste page to read the pensum online.
Lecture slides available on Blackboard are also part of the pensum.
E-learning:
Course: Cultural understanding in the meeting with Sami patients and users [Kulturforståelse i møte med samiske patienter og brukere]; provided in the e-learning portal from the Sami National Advisory Board on Mental Health and Addiction (Samisk nasjonal kompetansetjeneste - psykisk helsevern og avhengighet (SANKS)]
LINK: https://www.esanks.no/course/view.php?id=42
The course is in Norwegian, but you can use your browser's built-in translation tool to get an English translation. Only text (no video clips or links outside the course) is part of the course pensum.
Books:
Selected chapters:
Heine, S. J. (2020). Cultural psychology (Fourth edition, international student edition). W.W. Norton & Company. (Chapters. 1, 3, 10)
Riemer, M., Reich, S. M., Evans, S. D., Nelson, G., & Prilleltensky, I. (Eds.). (2020 and all earlier editions). Community psychology: In pursuit of liberation and wellbeing. Bloomsbury Publishing. (Chapters 3 and 13; and Chapters 4 and 7 ALTERNATIVE Nelson, G. & Prilleltensky, I. (2010) Community psychology: In pursuit of liberation and wellbeing. Chapters 5 and 6.
Steg, L., Keizer, K., Buunk, A. P., & Rothengatter, T. (Eds.). (2017). Applied social psychology: Understanding and managing social problems (2 ed.). Cambridge, UK: Cambridge University Press. (Chpts. 12, 16, 17)
Articles:
Ajzen, I. (1991). The theory of planned behavior. Organizational Behavior and Human Decision Processes, 50, 179 – 211.
Ajzen, I. (2012). The Theory of Planned Behavior. In Lange, Paul, A.M. Van, and Kruglanski, Arie W. Handbook of Theories of Social Psychology, Vol. 1 (pp. 438-459). London, GBR: SAGE. [NOT AVAILABLE IN LIBRARY - uploaded as pdf]
Altarriba, J., & Basnight-Brown, D. (2022). The Psychology of Communication: The Interplay Between Language and Culture Through Time. Journal of Cross-Cultural Psychology, 53(7–8), 860–874. https://doi.org/10.1177/00220221221114046
Campinha-Bacote, J., (2002) The process of cultural competence in the delivery of healthcare services: a model of care. Journal of Transcultural Nursing, 13(3): 181-184. DOI: 10.1177/10459602013003003
Durlak, J. A., & DuPre, E. P. (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. American Journal of Community Psychology, 41, 327-350. doi: 10.1007/s10464-008-9165-0
Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: a meta-analytic review. Perspectives on Psychological Science, 10(2), 227-237. doi:10.1177/1745691614568352
Kross, E., Berman, M. G., Mischel, W., Smith, E. E., & Wager, T. D. (2011). Social rejection shares somatosensory representations with physical pain. Proceedings of the National Academy of Sciences, 108(15), 6270-6275. doi:10.1073/pnas.1102693108
Lewis, C. C., Frank, H. E., Cruden, G., Kim, B., Stahmer, A. C., Lyon, A. R., . . . Group, M. N. (2024). A research agenda to advance the study of implementation mechanisms. Implementation Science Communications, 5(1), 98. doi:10.1186/s43058-024-00633-5 [!!! has been moved to "suggested readings"]
Mehus et al. (2019) Exploring why and how encounters with the Norwegian health-care system can be considered culturally unsafe by North Sami-speaking patients and relatives: a qualitative study based on 11 interviews. International Journal of Circumpolar Health, 78(1): 1612703. DOI: 10.1080/22423982.2019.1612703
Mihalic, S. F., & Irwin, K. (2003). Blueprints for Violence Prevention: From Research to Real-World Settings—Factors Influencing the Successful Replication of Model Programs. Youth Violence and Juvenile Justice, 1(4), 307-329. doi:10.1177/1541204003255841
New Zealand Psychologists Board (2011) Cultural competencies: for psychologists registered under the health practitioners competence assurance act (2003) and those seeking to become registered. New Zealand Psychologists Board. https://psychologistsboard.org.nz/wp-content/uploads/2023/08/NZPB-Cultural-Competencies-CURRENT-NL-310111.pdf
Olweus, D., Solberg, M. E., & Breivik, K. (2020). Long-term school-level effects of the Olweus Bullying Prevention Program (OBPP). Scandinavian Journal of Psychology, 61(1), 108-116. doi:10.1111/sjop.12486
Peytcheva, E. (2020). The Effect of Language of Survey Administration on the Response Formation Process. In M. Sha (Ed.), The Essential Role of Language in Survey Research (pp. 3–22). RTI Press. https://doi.org/10.3768/rtipress.bk.0023.2004.1
Precht, L., Keinath, A., & Krems, J. F. (2017). Identifying the main factors contributing to driving errors and traffic violations–Results from naturalistic driving data. Transportation research part F: traffic psychology and behaviour, 49, 49-92.
Ruggieri, S., Bendixen, M., Gabriel, U., & Alsaker, F. (2013). Do victimization experiences accentuate reactions to ostracism? An experiment using cyberball. International Journal of Developmental Sciences, 7(1), 25-32. doi:10.3233/DEV-1312114.
Stern, P. C., Abel, T., Guagnano, G. A., & Kalof, L. (1999). A value-belief-norm theory of support for social movements: The case of environmentalism. Research in Human Ecology, 6, 81– 97.
Tanyanyiwa, T. A., & Chimhutu, V., (2022) Strengthening cultural competence in health professionals through partnerships: a case study of a health collaborative exchange between Malawi and Norway in trauma care and emergency medicine. INQUIRY: The Journal of Health Care Organization, Provision, and Financing, 59. DOI: 10.1177/00469580221115263
Van der Werff, E., & Steg, L. (2015). One model to predict them all: Predicting energy behaviours with the norm activation model. Energy Research & Social Science, 6, 8-14.
Williams K. D. (2007). Ostracism. Annual review of psychology, 58, 425–452. https://doi.org/10.1146/annurev.psych.58.110405.085641

Eventuelle formelle krav til besvarelsen *

Fks. antall sider/ord, referansestil, format

A maximum word count has been set for each answer.

Hvordan de ulike oppgavene i eksamenssettet er vektlagt? *

Fks. likt vekting, eller om alle oppgavene/visse oppgaver må være bestått for å bestå totalt

The exam consists of three sections: Part A, Part B, and Part C. To pass the exam, students must achieve a minimum grade of E in each part.
The final grade is calculated based on the following weight distribution:
Part A: 40% of the final grade
Part B: 30% of the final grade
Part C: 30% of the final grade

Eksamensoppgave skal være tilgjengelig for studenter i følgende mål: *

Her må du være så snill og sjekke vedlagt oversikt før du svarer. Oppgaven skal forekomme på alle målformer hvor det er oppmeldt en kandidat eller flere.

engelsk

Oppgavetekst engelsk

Angi oppgaveteksten på engelsk hvis det er aktuelt for ditt emne **-Vennligst lim inn oppgaveteksten her, ikke bruk vedlegg**.

PSY2107 / PSYK4417
Social-, Community-, and Cultural Psychology
Spring, 2025

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The final grade is calculated based on the following weight distribution:
Part A: 40% of the final grade
Part B: 30% of the final grade
Part C: 30% of the final grade

Part A

Question 1:
What do we mean by implementation? Identify and describe in short three factors that empirically have been shown to influence implementation success. (250 words)

Question 2:
“Community” is a multi-dimensional concept. How do elements like belonging, shared meanings (or common culture), and identity shape communities? Reflect on how communities can be both place-based and relational, and why these distinctions matter for Community Psychology. Provide examples to illustrate your points. (300 words)

Question 3:
Define cultural safety and cultural competence. How do these concepts differ, and why are they important in the field of psychology? (200 words)

Question 4:
In the context of healthcare, how does the meaning of silence differ between Norwegian and Sámi cultures? Why might misunderstanding these cultural differences in silence be problematic? (200 words)

Part B
Instructions:
Choose one of the two alternatives (Alternative B1 or Alternative B2) for your essay. Your essay should include Introduction, Main Body, and Conclusion.
Word Limit: Maximum 800 words.

Alternative 1 (B1):
Using the pensum literature, sketch an intervention aimed at promoting behavioral change to address a societal challenge of your choice. Your answer should include the following elements (in addition to the conclusion):

1. Identification of the Societal Challenge (= Introduction): Introduce and define the societal challenge you have chosen to address. Explain why this challenge is significant and relevant in today's context.
2. Literature Review: Summarize key theories, models, and findings from the pensum literature that are relevant to your chosen challenge. Highlight how these insights inform your approach to behavioral change.
3. Intervention Design: Outline the intervention strategy that leverages the insights from the literature, highlight the main actions and programs.
4. Implementation Plan: Provide a step-by-step plan for implementing your intervention, considering potential obstacles.
5. Evaluation Metrics: Define the criteria and methods you will use to evaluate the effectiveness of your intervention.

Alternative 2 (B2):
Discuss the role of personality traits in driving behavior. In your discussion, emphasize how personality traits differ from and potentially complement a social cognitive approach using attitude theory. Provide examples to illustrate your points. Your answer should include the following elements (in addition to the introduction and conclusion):

Personality traits and driving behavior
Social cognitive approach using attitude theory and driving behavior
Differences between the two approaches
Complementary roles of the two approaches

Part C
Instructions:
Choose one of the two alternatives (Alternative C1 or Alternative C2) for your essay. Your essay should include Introduction, Main Body, and Conclusion.
Word Limit: Maximum 800 words.

Alternative 1 (C1):
Community Psychology has a distinct framework for understanding human well-being by emphasizing the role of context and collective processes. Discuss how Community Psychology conceptualizes well-being at the personal, relational, and collective levels; reflect on how this approach differs from individual-focused models in psychology. In what ways might Community Psychology's emphasis on the relational and collective levels present challenges and resources for promoting overall well-being to communities? Use examples to illustrate your arguments.

Alternative 2 (C2):
Discuss how language influences individual thinking, communication, and translation processes from a cultural perspective.Your answer should include the following elements (in addition to the introduction and conclusion):
Cultural perspective: Address the relationship between culture and language.
Influence on individual thinking (e.g., explain the concept of linguistic relativity; discuss and provide examples of how language shapes cognition and perception)
Influence on communication (e.g., describe language/communication as reflecting cultural norms; discuss the importance of cultural context in effective [verbal/nonverbal] communication; provide examples)
Influence on translation (e.g., explain the challenges of translating across languages/cultures; provide examples)

Sensorveiledning: *

Angi hvilke momenter som skal være med i besvarelsen for hver oppgave, og hvilke momenter som skal vektlegges spesielt i vurderingen. Skisse til løsningsforslag pr. oppgave kan erstatte dette.**-Vennligst lim inn teksten her, ikke bruk vedlegg**.

Emnekode
PSY2107 / PSYK4417
Emnenavn
Social-, Community-, and Cultural Psychology
The exam consists of three sections: Part A, Part B, and Part C. To pass the exam, students must achieve a minimum grade of E in each part.
The final grade is calculated based on the following weight distribution:
Part A: 40% of the final grade
Part B: 30% of the final grade
Part C: 30% of the final grade

Grading guidelines – general remarks

Word count:

A maximum word count has been set for each answer to encourage students to express their ideas clearly and concisely and to focus on the most important information. The maximum word count is also designed to help students organise their time effectively during the exam and ensure that they can answer all questions within the allotted time.

Answers that exceed the word limit:
A margin of 10% over the limit is acceptable.
If answers exceed the specified limit, only the portion within the established limit will be assessed, with any content exceeding it being disregarded. This approach ensures fairness and consistency in grading.

Grading scale
NTNU's grading scale is used (https://i.ntnu.no/wiki/-/wiki/English/Grading+scale). Please note that according to NTNU's Grading scale using percentage points, the threshold between fail and pass is set at 40%.

Part A

Question 1:
What do we mean by implementation? Identify and describe in short three factors that empirically have been shown to influence implementation success. (250 words)

To pass (E) the candidate needs to define implementation correctly and broadly identify three of the eight above aspects/factors. A more detailed description of the content of the three chosen aspects is needed for a good grade (C).

Relevant literature is the paper by Durlak & DuPre (2008).
Implementation is the process of making something active or effective. In the case of intervention programs the question is how well it is conducted. Level of implementation affects program outcomes. The meta-analysis of Durlak & DuPre has looked at the following implementation aspects/factors:
(1) Fidelity, which is the extent to which the innovation corresponds to the originally intended program (aka adherence, compliance, integrity, faithful replication).
(2) Dosage, which refers to how much of the original program has been delivered (quantity, intervention strength).
(3) Quality refers to how well different program components have been conducted (e.g., are the main program elements delivered clearly and correctly?).
(4) Participant responsiveness refers to the degree to which the program stimulates the interest or holds the attention of participants (e.g., are students attentive during program lessons?).
(5) Program differentiation involves the extent to which a program's theory and practices can be distinguished from other programs (program uniqueness).
(6) Monitoring of control/comparison conditions, which involves describing the nature and amount of services received by members of these groups (treatment contamination, usual care, alternative services).
(7) Program reach (participation rates, program scope) refers to the rate of involvement and representativeness of program participants.
(8) Adaptation refers to changes made in the original program during implementation (program modification, reinvention).

Question 2:
"Community" is a multi-dimensional concept. How do elements like belonging, shared meanings (or common culture), and identity shape communities? Reflect on how communities can be both place-based and relational, and why these distinctions matter for Community Psychology. Provide examples to illustrate your points. (300 words)

To pass (E) the candidate needs to define community correctly, and broadly describe two of the three main elements of belonging, interrelation, common culture. A more detailed description and developed example(s) are needed for a good grade (C).

In Community Psychology—as well as in other social sciences—communities have traditionally been defined in relation to territory or ethnic identity. However, contemporary approaches in Community Psychology move beyond this limited view by integrating a broader set of dimensions that emphasize how a sense of community and identity are constructed and experienced. Rather than seeing community as something fixed or externally imposed, Community Psychology focuses on the internal, subjective, and relational elements that bring people together. Three key dimensions are particularly important:
(1) Belonging: A sense of being part of or identified with a community. This involves shared values, concerns, goals, or experiences. Belonging is about how individuals identify with others and with the community itself, rather than being based on external markers like ethnicity or location. It's a felt connection—not a label assigned from the outside.
(2) Interrelation: connection and mutual influence—not necessarily by sharing a physical space. These relationships can be face-to-face or virtual. What matters is the ongoing interaction and meaningful communication between members.
(3) Common culture and shared meanings: Communities develop shared interpretations of experiences—their own social representations, symbols, and practices, whether or not the community is based in a specific geographic area.
In addition, Community Psychology also considers other dimensions of community, including psychological and emotional bonds, social relations and support networks, collective action and shared goals.
Examples may include: a neighborhood organizing against gentrification, a village facing climate change (place-based, with shared goals and identity). An online community of young people with chronic illness (relational, with strong belonging and shared meanings). Migrant communities navigating dual identities (ethnic/relational and geographic/place-based).

Question 3:
Define cultural safety and cultural competence. How do these concepts differ, and why are they important in the field of psychology? (200 words)

To pass (E), cultural safety and cultural competence must be meaningfully differentiated (i.e. reference to provider vs. reference to environment). For a good grade (C), cultural safety and cultural competence must be correctly defined and at least one aspect of differentiation and one aspect of importance must be mentioned.

Key points for the answer:
Cultural safety [in psychology] refers to effective [psychological] education and practice applied to an individual, family or group that creates an environment in which patients feel valued (respected, understood, empowered)) in their cultural identities. Cultural awareness (awareness that we are shaped by our own culture)/sensitivity are precursors of cultural safety.
Cultural competence involves cultural awareness/sensitivity and the possession of knowledge, skills, and attitudes. It is an ongoing process, requiring healthcare providers to continuously strive to understand and work within the cultural context of their clients.
Main differences:
Cultural competence emphasises the provider's ability to interact effectively with different cultures and involves the acquisition of knowledge and skills.
Cultural safety emphasises the patient's experience of care and requires the creation of a supportive and respectful environment.
Importance: The New Zealand Psychologists Board (2011) underscores the need for psychologists to understand and respect diverse worldviews to provide ethical care; also, relevant to ensure that psychological services are accessible and effective for all individuals, regardless of cultural background (addressing the needs of diverse populations, reducing disparities in mental health care).

Relevant Pensum
Campinha-Bacote, J., (2002) The process of cultural competence in the delivery of healthcare services: a model of care. Journal of Transcultural Nursing, 13(3): 181-184. DOI: 10.1177/10459602013003003
Mehus et al. (2019) Exploring why and how encounters with the Norwegian health-care system can be considered culturally unsafe by North Sami-speaking patients and relatives: a qualitative study based on 11 interviews. International Journal of Circumpolar Health, 78(1): 1612703. DOI: 10.1080/22423982.2019.1612703
Tanyanyiwa, A. T., & Chimhutu, V., (2022) Strengthening cultural competence in health professionals through partnerships: a case study of a health collaborative exchange between Malawi and Norway in trauma care and emergency medicine. INQUIRY: The Journal of Health Care Organization, Provision, and Financing, 59. DOI: 10.1177/00469580221115263
New Zealand Psychologists Board (2011) Cultural competencies: for psychologists registered under the health practitioners competence assurance act (2003) and those seeking to become registered. New Zealand Psychologists Board. https://psychologistsboard.org.nz/wp-content/uploads/2023/08/NZPB-Cultural-Competencies-CURRENT-NL-310111.pdf

Question 4:
In the context of healthcare, how does the meaning of silence differ between Norwegian and Sámi cultures? Why might misunderstanding these cultural differences in silence be problematic? (200 words)

To pass (E), the meaning of silence must be correctly described in both cultures. For a good grade (C), the key points of misunderstanding consequences (e.g. miscommunication, reduced patient trust, ineffective healthcare delivery) must be mentioned.

Key points for the answer:
In Norwegian culture, silence can often be seen as a sign of agreement (Norwegian saying: “He who remains silent, consents.”)
In Sámi culture, silence can indicate discomfort and can be seen as a sign of disagreement. (Sámi saying: “He who remains silent, does not consent”).

Problems with misunderstanding silence:
Misinterpretation of silence can lead to misunderstandings (miscommunication) between healthcare providers and patients. To illustrate this point, consider a scenario in which a Norwegian healthcare provider interprets a Sami patient's silence as agreement or acceptance, when in fact it may signify discomfort or disagreement.
This can result in inadequate care or failure to address the patient's needs properly. This can compromise patient safety.
The establishment of trust between healthcare providers and patients can be hindered by misinterpretation of silence, making it difficult to establish effective communication and a therapeutic relationship.

Relevant Pensum
E-learning Course: Cultural understanding in the meeting with Sami patients and users [Kulturforståelse i møte med samiske patienter og brukere]; provided in the e-learning portal from the Sami National Advisory Board on Mental Health and Addiction (Samisk nasjonal kompetansetjeneste - psykisk helsevern og avhengighet (SANKS)]

Part B
Instructions:
Choose one of the two alternatives (Alternative B1 or Alternative B2) for your essay. Your essay should include Introduction, Main Body, and Conclusion.
Word Limit: Maximum 800 words.

Alternative 1 (B1):
Using the pensum literature, sketch an intervention aimed at promoting behavioral change to address a societal challenge of your choice. Your answer should include the following elements (in addition to the conclusion):

Identification of the Societal Challenge (= Introduction): Introduce and define the societal challenge you have chosen to address. Explain why this challenge is significant and relevant in today's context.
Literature Review: Summarize key theories, models, and findings from the pensum literature that are relevant to your chosen challenge. Highlight how these insights inform your approach to behavioral change.
Intervention Design: Outline the intervention strategy that leverages the insights from the literature, highlight the main actions and programs.
Implementation Plan: Provide a step-by-step plan for implementing your intervention, considering potential obstacles.
Evaluation Metrics: Define the criteria and methods you will use to evaluate the effectiveness of your intervention.

Students may choose from a variety of topics discussed in lectures and seminars. (Seminars were provided on the topics: Environment, Inclusion and handling of negative social control and honour-related violence, hate speech, strategies for bullying intervention, promoting physical activity, traffic behavior). Independent topics are also acceptable, provided that students can convincingly apply the pensum to the chosen topic.

traffic behavior). Independent topics are also acceptable, provided that students can convincingly apply the pensum to the chosen topic.

To achieve a passing grade (E), the answer must
Address all key elements of the question.
Demonstrate a basic understanding of the concepts and literature.
Provide a clear and organised answer.
To achieve a good grade (C), the answer should:
Thoroughly address all key elements of the question.
Demonstrate a deeper understanding and more insightful application of the concepts and literature.
Include some critical analysis and thoughtful evaluation of the intervention.
Provide a clear and organised response, with clear and coherent writing.

Alternative 2 (B2):
Discuss the role of personality traits in driving behavior. In your discussion, emphasize how personality traits differ from and potentially complement a social cognitive approach using attitude theory. Provide examples to illustrate your points. Your answer should include the following elements (in addition to the introduction and conclusion):

Personality traits and driving behavior
Social cognitive approach using attitude theory and driving behavior
Differences between the two approaches
Complementary roles of the two approaches

This is a challenging assignment as the mandatory literature on driving behaviour does not make actual attempts to bridge the gap between personality and social cognitive/attitude-based approaches. Evaluators are therefore requested to put somewhat more emphasis on sections 1 and 2 which describe the two different approaches (this is also what is done in the mandatory literature in the course). The quality of the sections covering differences and complementary roles of the two approaches (sections 3 and 4) may be used to differentiate between e.g., a C-response and B, A-type responses. These two sections put strong demands upon students' creativity and ability to use the literature in an independent way. A good response does not need to include everything below, but some examples for each aspect.

To pass (E), at least three of the four elements must be addressed in a meaningful way. For a good grade (C), all four elements must be addressed and relevant examples provided, but with a particular emphasis on sections 1 and 2.

Key points for the essay
The student may initiate the response by defining and setting restrictions in the driving behaviour concept. The concept holds (at least) two components (errors and violations). The aforementioned component is more strongly related to limitations in the human cognitive system and attention. Violations are more strongly influenced by motivational processes and intentions, which renders attitude theory and personality factors relevant. As such, personality and social cognitive attitude theory are likely more important for violations than errors when driving. Violations such as speeding are also more critical when it comes to predicting accident involvement or crashes.

The book chapter in Steg et al. (2017) points to sensation seeking and aggression as two important traits in relation to risky driving behaviour. For instance, people who have a desire for novel and shifting stimuli may be more likely to take risks in a range of contexts, including driving. The lecture also pointed to anxiety trait as important for traffic behaviour and also how different trait combinations may interact (e.g., by cluster agglomeration) in relation to unsafe driving behaviour. Although Normlessness is more strongly related to what Emile Durkheim termed as "anomie" (i.e., not a personality trait per se), this individual tendency reflecting a 'relaxed' approach both to the validity and personal applicability of rules and regulations strongly predicts risky driving behaviour across a range of studies. Students may also point to the historical background of perceiving personality traits in relation to driving behaviour, partly originating from the Accident Proneness Theory which argued that certain individuals are more prone to accident involvement than others. Strong responses may link personality traits to demographics, such as gender and age. The lecture focused particularly on young males who are overrepresented in road traffic accidents. Even though traits tend to be rather stable over a lifetime, sensation seeking and aggression may accumulate and be more profound in young age and male individuals. The fact that young males are more prone to traffic accidents than other demographic groups, may partly be attributed to accumulation of aggression and sensation seeking in this specific group.

The most relevant social cognitive approach to be used in the response is the Theory of Planned Behaviour (outlined in Figure 1). The theory includes five core psychological constructs; Attitudes towards the behaviour (the extent to which an individual has a favourable or unfavourable evaluation of the behaviour or object in question, in relation to driving this may be perceived positive or negative consequences of safe/unsafe actions), Subjective norm (perceived social pressure or appraisal of conducting unsafe driving behaviour), perceived behavioural control (the perceived ease or difficulty of performing safe or unsafe behaviour, e.g. difficult road conditions, perceived driving skills and ability to handle high speed, access to safety gear etc.). The students should further point to that these factors are assumed to be positively associated with behavioural intention (the motivational component of the TPB), with perceived behavioural control having both a direct relation to behaviour and a mediated association through behavioural intention. The components are shown in Figure 1 for illustrative purposes and the students are not necessarily expected to outline the full diagram in their responses, but central definitions and how the factors could be expected to be related to the core behaviour (driving behaviour) is expected. Of note, other social cognitive attitude-related theories covered both in the mandatory readings and lecture, such as the Value-Belief-Norm theory and Norm Activation theory, may be of less relevance here because they mainly focus on normative environmental behaviour. This also applies to the risk homeostasis theory which has a much stronger focus on risk cognitions than attitudes per se. If students choose to focus on these theories instead of TPB (and partly the predecessor TRA) this needs particular justification and strong reasoning. In such cases the student should acknowledge that these theories are developed for other types of target behaviour than the one in question. In addition to the TPB, it is also relevant to include biases such as self-enhancement, unrealistic optimism and illusion of control in relation to driving behaviour as noted by both the book chapter in Steg et al. (2017) and lecture. Social attribution theory and the Fundamental Attribution Error (FAE) are also relevant in this vein (e.g., others' rule violations or errors attributed to their lack of driving skills, our own to situational factors such as the fact that we are in a hurry for an important meeting).

Differences in personality and social cognition/attitude theory approaches partly manifest in that a focus on traits represents a somewhat more deterministic and 'fixed' approach to safety. Here, risk taking behaviour is perceived as a function of rather stable predispositions which make certain people more likely to take risks. Translated to the intervention level the personality approach could be viable to identify individuals who may be more likely to take risks. This may allow for tailored interventions, for instance among sensation seekers who can be encouraged to alternative safer ways to meet stimulation and excitement needs than in road traffic. In combination with demographic variables, the personality approach may lead to targeted interventions addressing e.g., anger management, impulse control in for instance young males. A social cognitive approach using attitude theory has a stronger focus on amendable attitudes, norms and control perceptions. It treats driving behaviour as a deliberate, conscious and dynamic psychological process rather than solely being influenced by stable predispositions which are highly resistant to change. A central assumption in the TPB is that motivation to behave safely in traffic could be amended by changing the core precursors (attitudes, subjective norm and perceived control)

and perceived control).

A complementary approach may be achieved by the extended TPB. The lecture demonstrated models which incorporated traits and demographics together with amendable psychological variables based on attitude theory into coherent theoretical taxonomies. Personality traits may serve as 'distal factors' in such models, where the traits do not affect the target behaviour directly, but are assumed to be subjects to attitudinal, normative and perceived control mediation. Combining the two approaches may increase the explained variance of the models, and better incorporate the fact that driving violations may include both planned and predisposed elements (e.g., a driver may unsafely choose to overtake another driver at high speed due to thrill (personality-based), but also speed due to the belief that it is acceptable and common practice (TPB-based).

Figure 1. Theory of Planned Behaviour (Ajzen, 1991)

Relevant Pensum

Ajzen, I. (1991). The theory of planned behavior. Organizational Behavior and Human Decision Processes, 50, 179 – 211.
Ajzen, I. (2012). The Theory of Planned Behavior. In Lange, Paul, A.M. Van, and Kruglanski, Arie W. Handbook of Theories of Social Psychology, Vol. 1 (pp. 438-459). London, GBR: SAGE
Precht, L., Keinath, A., & Krems, J. F. (2017). Identifying the main factors contributing to driving errors and traffic violations–Results from naturalistic driving data. Transportation research part F: traffic psychology and behaviour, 49, 49-92.
Steg, L., Keizer, K., Buunk, A. P., & Rothengatter, T. (Eds.). (2017). Applied social psychology: Understanding and managing social problems (2 ed.). Cambridge, UK: Cambridge University Press. (Chpt. 17)

Part C

Instructions:
Choose one of the two alternatives (Alternative C1 or Alternative C2) for your essay. Your essay should include Introduction, Main Body, and Conclusion.
Word Limit: Maximum 800 words.

Alternative 1 (C1):
Community Psychology has a distinct framework for understanding human well-being by emphasizing the role of context and collective processes. Discuss how Community Psychology conceptualizes well-being at the personal, relational, and collective levels; reflect on how this approach differs from individual-focused models in psychology. In what ways might Community Psychology's emphasis on the relational and collective levels present challenges and resources for promoting overall well-being to communities? Use examples to illustrate your arguments.

To pass (E), at least one component (value, and its objectives and needs) of each level must be addressed in a meaningful way. For a good grade (C), all components must be addressed and relevant examples provided.

Relevant Literature:
Riemer, M., Reich, S. M., Evans, S. D. (2020). Community Psychology. Values and Vision (Chapter 3). In: Community Psychology: In pursuit of liberation and wellbeing. Bloomsbury Publishing. 3rd Edition. ISBN 9781137464101.

Key concepts: a prosocial community is one in which everyone is committed to working together for their own well-being, each other's well-being, and that of the community, the society, and ultimately the world. The optimal development of well-being involves a synergy between individuals, families, settings, community contexts and macro-level societal structures and policies (synergy: in the absence of any one component, wellbeing cannot really be achieved). In community psychology, at each level, the search or construction of wellbeing is driven by values, tries to achieve specific goals, and responds to basic human and community needs.
Personal wellbeing
1. Value: Self-determination. The objective is the creation of opportunities for self and others to pursue chosen goals. It responds to the needs of mastery, control, self-efficacy, voice, choice, skills, growth, autonomy (e.g. education, basic rights).
2. Value: Care and empathy. The objective is the expression of care and concern for the physical and emotional wellbeing of self and others. It responds to the needs of love, attention, empathy, attachment, acceptance, positive regard (against, for example, loneliness and isolation).
3. Value: Health. The objective is the promotion of physical and emotional health of self and others (e.g. in prevention measures). It responds to the needs of emotional and physical wellbeing.
Relational wellbeing:
1. Value: Respect for diversity. The objective is to promote respect and appreciation for diverse social identities and for people's ability to define themselves. It responds to the needs of identity, dignity, self-respect, self-esteem, acceptance (e.g. antidiscrimination actions).
2. Value: Participation and collaboration. The objective is to promote participation, fair processes whereby children and adults can have meaningful input into decisions affecting their lives. It responds to the needs of involvement, mutual responsibility (e.g. social affiliations, inclusion).
Collective wellbeing
1. Value: Support for community structures. The objective is the promotion of vital community structures that facilitate the pursuit of personal and communal goals. It responds to the needs of sense of community, cohesion, formal support (e.g. actions in alliance with the government, access to services).
2. Value: Social justice and accountability. The objective is to achieve fairness, the equitable allocation of powers, obligations and resources for the marginalized. It responds to the needs of economic security, shelter, clothing, nutrition, access to vital health and social services (e.g. human rights).

Alternative 2 (C2):
Discuss how language influences individual thinking, communication, and translation processes from a cultural perspective.Your answer should include the following elements (in addition to the introduction and conclusion):
Cultural perspective: Address the relationship between culture and language.
Influence on individual thinking (e.g., explain the concept of linguistic relativity; discuss and provide examples of how language shapes cognition and

perception)
Influence on communication (e.g., describe language/communication as reflecting cultural norms; discuss the importance of cultural context in effective [verbal/nonverbal] communication; provide examples)
Influence on translation (e.g., explain the challenges of translating across languages/cultures; provide examples)

To pass (E), at least three of the four elements must be addressed in a meaningful way. For a good grade (C), all four elements must be addressed and relevant examples provided.

Key points for the essay:
Language as a structured system of communication, where communication is the process of exchanging information (verbal and non-verbal), and translation is the process of rendering text/speech from one language into another while preserving meaning.
Cultural perspective
Language and culture as deeply intertwined – shaping and reflecting each other;
Language as one of the most salient markers of a culture (with a culture being defined by Heine, 2020, as a "dynamic group of people who share a similar context, are exposed to many similar cultural messages, and contain a broad range of different individuals who are affected by those cultural messages in various ways." [people are bound in their own system of cultural meaning])
Language and thinking
Linguistic relativity (Whorf-Sapir hypothesis; speakers of different languages are not equal observers of the world)
Slobin: Thinking-for-speaking (attention to what is readily encodable – languages differ in codability)
Examples: differences in vocabulary, such as number of colours; differences in availability of grammatical options, such as grammatical gender, tense etc.
Communication:
Language as a cue that activates cultural frames of reference: questions are understood within the respective frame of reference and are answered with the reference to the respective norms and values with the cultural frame. This might affect social perception, social cognition and social interaction – example: language dependent recall; another example for (non-verbal) communication are cultural variations in emotion expression (e.g. ritualised display rules of emotions).
Translation
Not all concepts have a direct translation across languages, for example emotion experience/recognition - languages vary in vocabulary to describe emotions; different common cultural concerns (honour, save face) relate to different emotions; languages/cultures vary in accessibility of emotion terms.

Relevant Pensum
Altarriba, J., & Basnight-Brown, D. (2022). The Psychology of Communication: The Interplay Between Language and Culture Through Time. Journal of Cross-Cultural Psychology, 53(7–8), 860–874. https://doi.org/10.1177/00220221221114046
E-learning Course: Cultural understanding in the meeting with Sami patients and users [Kulturforståelse i møte med samiske patienter og brukere]; provided in the e-learning portal from the Sami National Advisory Board on Mental Health and Addiction (Samisk nasjonal kompetansetjeneste - psykisk helsevern og avhengighet (SANKS)]
Heine, S. J. (2020). Cultural psychology (Fourth edition, international student edition). W.W. Norton & Company. (Chapters. 1, 3, 10)
Peytcheva, E. (2020). The Effect of Language of Survey Administration on the Response Formation Process. In M. Sha (Ed.), The Essential Role of Language in Survey Research (pp. 3–22). RTI Press. https://doi.org/10.3768/rtipress.bk.0023.2004.1
[other readings also provide partially relevant context/examples]

Oppgavetekst er kvalitetssikret av *

We cross-checked each other's exam questions.

Karakterskala som er benyttet *

Karakterskalaen - Kunnskapsbasen - NTNU
Bestått - Kandidaten har oppnådd kravene til læringsutbytte og viser nødvendige kunnskaper, ferdigheter og kompetanse.
Ikke bestått - Kandidaten har ikke oppnådd kravene til læringsutbytte og viser ikke nødvendige kunnskaper, ferdigheter og kompetanse.

Bokstavkarakter

Eventuelle vedlegg (tabeller, bilder o.l.)

Merk at oppgaveteksten, pensum og og sensorveiledningen limes inn i feltene ovenfor.

Ikke besvart

Ikke besvart

Ikke besvart